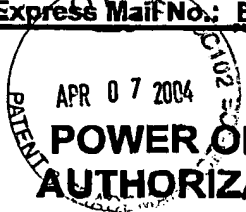


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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035
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Express Mail No.: ER 053460953 US	
 POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number 10/714,200
	Filing Date 11/14/2003
	First Named Inventor Stefan Ihde
	Title Bone-Adaptive Surface Structure
	Group Art Unit 3732
	Examiner Name
Attorney Docket Number 67185-004	

I hereby appoint:

☒ Practitioners at Customer Number
OR

029493

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☐ Practitioner(s) named below:

Name	Registration Number

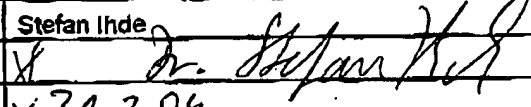
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	Robert E. Muir, 23,017			
Address	Husch & Eppengerger, LLC			
Address	190 Carondelet Plaza			
City	St. Louis	State	MO	Zip 63105
Country	USA			
Telephone	309-637-4900	Fax	309-637-4928	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Stefan Ihde
Signature	
Date	31.3.04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Comments - Patents, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)	Express Mail No.	ER 053460953 US
	Attorney Docket Number	67185-004
	First Named Inventor	Stefan Ihde
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	COMPLETE IF KNOWN	
<input type="checkbox"/> Supplemental Declaration Submitted	Application Number	10/714,200
<input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing	Filing Date	11/14/2003
<input type="checkbox"/> Declaration Submitted for Divisional Filing	Group Art Unit	3732
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bone-Adaptive Surface Structure

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/14/2003

as United States Application Number or PCT International

Application Number

10/714,200

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Certified Copy Attached?	
			YES	NO
02090379.5	EP	11/15/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

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PTO/SB/01 (03-01)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		029493		OR <input type="checkbox"/> Correspondence address below	
Name Robert E. Muir							
Address 190 Carondelet Plaza, Suite 600							
City St. Louis		State MO		ZIP 63105			
Country USA		Telephone 309-637-4900		Fax 309-637-4928			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Stefan				Family Name or Surname Inde			
Inventor's Signature <i>X Dr. Stefan Inde</i>				Date <i>X 31.3.04</i>			
Residence: City Uetliburg		State		Country Switzerland		Citizenship German	
Mailing Address Lindenstr. 68							
City Uetliburg		State		ZIP CH-8738		Country Switzerland	
NAME OF SECOND INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]

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